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TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission: 7	Application Number	10/017,640
	Filing Date	December 14, 2001
	First Named Inventor	William Matz
	Art Unit	3629
	Examiner Name	J. P. Ouellette
	Attorney Docket Number	BS01342

ENCLOSURES

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Faivre Walters</i>		
Date	July 8, 2005		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Maureen M. Pettine	Date	July 8, 2005
Signature	<i>Maureen M. Pettine</i>		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: William Matz et al. Group Art Unit: 3629
Application No.: 10/017,640 Examiner: J. P. Ouellette
Filed: December 14, 2001
Title: "System and Method for Identifying Desirable Subscribers"

VIA FACSIMILE 703-872-9306

Attn: Examiner J. P. Ouellette

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: July 8, 2005 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

July 8, 2005

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Forms PTO 1449 (p. 1).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

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It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Bambi F. Walters

Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
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Telephone: 757.253.5729

Date: JULY 8, 2005

JUL 08 2005

**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/017,640
Filing Date	December 14, 2001
First Named Inventor	William Matz
Examiner Name	J. P. Ouellette
Art Unit	3629
Attorney Docket No.	BS01342

TOTAL AMOUNT OF PAYMENT **\$180.00****METHOD OF PAYMENT (check all that apply)**
☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments
FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

FILING FEES			SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<u>Total Claims</u>		
_____ - 20 or HP = _____	<u>Extra Claims</u>	<u>Fee (\$)</u>
	x _____	<u>Fee Paid (\$)</u>
	= _____	
	<u>Multiple Dependent Claims</u>	
	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	_____	_____

HP=highest number of independent claims paid for, if greater than 3.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 3 or HP = _____	x _____		= _____

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/ 50	_____ (round up) x _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS**\$180.00****SUBMITTED BY:**

Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	Complete (if applicable)	Telephone:	(757) 253-5729
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Signature*Bambi F. Walters***Date**

July 8, 2005

JUL 08 2005

**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/017,640
Filing Date	December 14, 2001
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Examiner Name	J. P. Ouellette
Art Unit	3629
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TOTAL AMOUNT OF PAYMENT **\$180.00****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	_____	
Design	200	100	100	50	130	65	_____	
Plant	200	100	300	150	160	80	_____	
Reissue	300	150	500	250	600	300	_____	
Provisional	200	100	0	0	0	0	_____	

2. EXCESS CLAIM FEES

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Total Claims		
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	x _____	Fee Paid (\$)
	= _____	
	Multiple Dependent Claims	
	Fee (\$)	Fee Paid (\$)
	_____	_____

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x _____		= _____

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Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50	(round up) x _____ = _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS

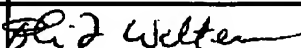
Fee Paid (\$)

\$180.00

SUBMITTED BY:

Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	Complete (if applicable)	Telephone:	(757) 253-5729
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Signature



Date

July 8, 2005